



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
-----------------	-------------	----------------------	---------------------	------------------

10/542,037

07/13/2005

Betty Bird

sLighthouse-005

6747

51413

7590

01/12/2009

MARC E. HANKIN, ESQ.
11414 THURSTON CIRCLE
LOS ANGELES, CA 90049

EXAMINER

RAJ, RAJIV J

ART UNIT

PAPER NUMBER

3686

MAIL DATE

DELIVERY MODE

01/12/2009

PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Office Action Summary	Application No. 10/542,037	Applicant(s) BIRD ET AL.	
	Examiner RAJIV J. RAJ	Art Unit 3686	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 20 October 2008.
- 2a) ☒ This action is **FINAL**. 2b) ☐ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 21--44 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☒ Claim(s) 21-44 is/are rejected.
- 7) ☐ Claim(s) _____ is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
2. ☐ Certified copies of the priority documents have been received in Application No. _____.
3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- | | |
|--|---|
| 1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892) | 4) <input type="checkbox"/> Interview Summary (PTO-413) |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948) | Paper No(s)/Mail Date. _____ |
| 3) <input type="checkbox"/> Information Disclosure Statement(s) (PTO/SB/08) | 5) <input type="checkbox"/> Notice of Informal Patent Application |
| Paper No(s)/Mail Date _____ | 6) <input type="checkbox"/> Other: _____ |

DETAILED ACTION

Status of Claims

1. This action is in reply to the amendment filed on 20 October 2008.
2. Claims 21 & 24 have been amended.
3. Claims 1-20 have been canceled.
4. Claims 25-45 have been added.
5. Claims 21-45 are currently pending and have been examined.

Priority

6. Applicant's claim for the benefit of a prior-filed application under 35 U.S.C. 119(e) or under 35 U.S.C. 120, 121, or 365(c) is acknowledged.

Claim Rejections - 35 USC § 112

7. The following is a quotation of the second paragraph of 35 U.S.C. 112:

The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

8. In light of Application's cancellation of claims 15, the previous rejection is withdrawn.

Claim Rejections - 35 USC § 103

9. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

10. The factual inquiries set forth in *Graham v. John Deere Co.*, 383 U.S. 1, 148 USPQ 459 (1966), that are applied for establishing a background for determining obviousness under 35 U.S.C. 103(a) are summarized as follows:

1. Determining the scope and contents of the prior art.
2. Ascertaining the differences between the prior art and the claims at issue.
3. Resolving the level of ordinary skill in the pertinent art.
4. Considering objective evidence present in the application indicating obviousness or nonobviousness.

11. Claim 21 is rejected under 35 U.S.C. 103(a) as being unpatentable over Iliff (US 6234964 B1) (hereinafter Iliff) in view of Barry et al. (US 6188988 B1) (hereinafter Barry) in view of Marchosky (US 2002/0029157 A1) (hereinafter Marchosky) in further view of Ahmed (US 2002/0107824 A1) (hereinafter Ahmed).

12. **Examiner's Note:** The Examiner has pointed out particular references contained in the prior art of record within the body of this action for the convenience of the Applicant. Although the specified citations are representative of the teachings in the art and are applied to the specific limitations within the individual claim, other passages and figures may apply. Applicant, in preparing the response, should consider fully the entire reference as potentially teaching all or part of the claimed

invention, as well as the context of the passage as taught by the prior art or disclosed by the Examiner.

Claim 21

Iliff as shown, discloses the following limitations:

- *identifying a consumer's most serious problem by asking a first series of uniform questions; (see at least Iliff Fig:10 & related text)*
- *initiating a triage process by asking a second series of uniform questions; (see at least Iliff Claim:6)*
- *gathering a consumer self assessment from said consumer, wherein said consumer directly accesses the health care database to input answers to the first and second series of uniform question; (see at least Iliff Fig:1 Items:92-116 & related text)*
- *scheduling appointments for the consumer to assess the severity of the consumer's problems to determine a treatment plan to complete the at least one intervention recommendation; (see at least Iliff Claims:16 & 50)*
- *wherein said third series of questions are specific to the identified problems of the consumer; (see at least Iliff Fig:8 & related text)*

Iliff does not disclose the following limitations, however Barry, as shown does:

- *generating at least one intervention recommendation based upon the consumer's answers to the second series of uniform questions; (see at least Barry Fig:1 Items:12, 13 & related text)*

- *conducting professional assessment(s) to identify recommended treatment for the consumer*, (see at least Barry Column:8 Lines:1-10, Fig:1 Items:10 & related text)
- *determining an assessment score for the problems identified; and* (see at least Barry Column:14 Table:5 & related text)
- *generating an incremental record of activity recording the progress the consumer has made during the appointment;* (see at least Barry Column:3 Lines:41-45)

It would have been obvious to one of ordinary skill in the art to add the feature of Barry into Iliff. One of ordinary skill in the art would have added these features into Iliff with the motivation of providing a more efficient and effective method for creating a personal care regimen that accurately addresses a patient's needs, by incorporating the patient's input. (see at least Barry Column:3 Lines:1-20)

Iliff/Barry does not disclose the following limitation, however Marchosky, as shown does:

- *asking the consumer a third series of questions;* (see at least Marchosky Fig:4B-D Items:420,430,440,450-456 & related text)

It would have been obvious to one of ordinary skill in the art to add the feature of Marchosky into Iliff/Barry. One of ordinary skill in the art would have added this feature into Iliff/Barry with the motivation of providing a more efficient and accurate method for diagnosing a patients condition and thus creating a more effective personal care plan for the patient. (see at least Marchosky [0025])

Iliff/Barry/Marchosky does not disclose the following limitations, however Ahmed, as shown does:

- *generating a consumer self assessment score; (see at least Ahmed [0072])*
- *wherein said assessment score takes into consideration a consumer self assessment score, a provider rating score, a standardized test score, a learning strategy score, and a score based on subjective assessor factors that influence training; (see at least Ahmed [0072])*

It would have been obvious to one of ordinary skill in the art to add the features of Ahmed into Iliff/Barry/Marchosky. One of ordinary skill in the art would have added this feature into Iliff/Barry/Marchosky with the motivation of providing a more accurate method for monitoring patients' condition, so as design a more effective treatment plan for said patients. (see at least Ahmed [0066] & [0067])

13. Claims 22 & 23 are rejected under 35 U.S.C. 103(a) as being unpatentable over Iliff in view of Barry in view of Marchosky in view of Ahmed in further view of Aquila et al. (US 2002/0035488 A1) (hereinafter Aquila).

Claim 22

The combination of Iliff/Barry/Marchosky/Ahmed disclose all of the limitations of claim 21. Aquila further discloses the following limitation:

- *the step of assessing the quality assurance of the at least one interventions by asking the consumer a series of final uniform questions relating to the progress*

and satisfaction of the consumer; (see at least Aquila Fig:4 Item:453 & related text)

It would have been obvious to one of ordinary skill in the art to add this feature into Iliff/Barry/Marchosky/Ahmed. One of ordinary skill in the art would have added this feature into Iliff/Barry/Marchosky/Ahmed with the motivation of providing a more efficient and effective method for creating and monitoring patients' personalized care plans. (see at least Aquila [0017])

Claim 23

The combination of Iliff/Barry/Marchosky/Ahmed/Aquila disclose all of the limitations of claim 21. Iliff further discloses the following limitation:

- *wherein the consumer is visually impaired* (see at least Iliff Column:5 Lines:4-10)

While Iliff does not specifically disclose “*visually impaired*”, one of ordinary skill in the art would understand that scope of Iliff includes the broader field of health care problems, and “*visually impaired*” is a subset of this broader field of health care problems.

14. Claim 24 is rejected under 35 U.S.C. 103(a) as being unpatentable over Iliff in view of Barry in view of Marchosky in further view of Aquila.

Claim 24

Iliff as shown, discloses the following limitations:

- *meeting between the service provider staff member and a consumer; (see at least Iliff Fig:1 Items:92-124 & related text)*
- *determining if the consumer has previously been to the service provider; (see at least Iliff Fig:3 Items:200-202, 210-216, 240 & related text)*
- *reconciling said consumer's older records with newly collected information; (see at least Iliff Fig:11 Item:630 & related text)*
- *registering a consumer by asking a first uniform series of questions; (see at least Iliff Fig:4A Item:202 & related text)*
- *skipping unnecessary first uniform questions using a skip pattern that skips later questions depending on prior answers; (see at least Iliff Column:19 Lines:2-28)*
- *identifying a consumer's most serious problem from the consumer's answers to the first series of uniform questions; (see at least Iliff Fig:10 & related text)*
- *identifying if the consumer is in a crisis from the consumer's answers to the first series of uniform questions; (see at least Iliff Fig:4A Item:306)*
- *identifying if the consumer is in an urgent situation from the consumer's answers to the first series of uniform questions; (see at least Iliff Fig:4A Item:306)*
- *initiating a triage process by asking a second series of uniform questions; (see at least Iliff Claim:6)*
- *skipping unnecessary second uniform questions using a skip pattern that skips later questions depending on prior answers; (see at least Iliff Column:19 Lines:2-28)*

- *setting up an appointment with the consumer to assess the identified problems of the consumer; (see at least Iliff Claims 16 & 50)*
- *scheduling appointments for the consumer to assess the severity of the consumer's problems to determine a treatment plan to complete the at least one intervention recommendation; (see at least Iliff Claims:16 & 50)*

Iliff does not disclose the following limitations, however Barry, as shown does:

- *generating at least one intervention recommendation from the healthcare database based upon the consumer's answers to the second series of uniform questions; (see at least Barry Fig:1 Items:12, 13 & related text)*
- *conducting professional assessment(s) to identify recommended treatment for the consumer, (see at least Barry Column:8 Lines:1-10, Fig:1 Items:10 & related text)*
- *determining an assessment score for the problems identified; and (see at least Barry Column:14 Table:5 & related text)*
- *generating an incremental record of activity recording the progress the consumer has made during the appointment (see at least Barry Column:3 Lines:41-45)*

It would have been obvious to one of ordinary skill in the art to add the feature of Barry into Iliff. One of ordinary skill in the art would have added these features into Iliff with the motivation of providing a more efficient and effective method for creating a personal care regimen that accurately addresses a patient's needs, by incorporating the patient's input. (see at least Barry Column:3 Lines:1-20)

Iliff/Barry does not disclose the following limitation, however Marchosky, as shown does:

- *saving answers to the first series of uniform questions into the health care database; (see at least Marchosky Fig:4 B-D & related text)*
- *saving answers to the second series of uniform questions into the health care database; (see at least Marchosky Fig:4 B-D & related text)*
- *asking the consumer a third series of questions; (see at least Marchosky Fig:4B-D Items:420,430,440,450-456 & related text)*
- *saving answers to the third series of uniform questions into the health care database; (see at least Marchosky Fig:2C Item:236 Fig:4 Items:460-472 & related text)*

It would have been obvious to one of ordinary skill in the art to add the feature of Marchosky into Iliff/Barry. One of ordinary skill in the art would have added this feature into Iliff/Barry with the motivation of providing a more efficient and accurate method for diagnosing a patients condition and thus creating a more effective personal care plan for the patient. (see at least Marchosky [0025])

Iliff/Barry/Marchosky does not disclose the following limitations, however Aquila, as shown does:

- *asking the consumer a final series of quality assurance questions relating to determine the consumer's satisfaction with the outcome of the treatment plan (see at least Aquila Fig:4 Item:453 & related text)*

- *assessing the quality of the treatment plans by asking the consumer a series of final uniform questions relating to the progress and satisfaction of the consumer;*
(see at least Aquila Fig:4 Item:453 & related text)

It would have been obvious to one of ordinary skill in the art to add this feature into Iliff/Barry/Marchosky. One of ordinary skill in the art would have added this feature into Iliff/Barry/Marchosky with the motivation of providing a more efficient and effective method for creating and monitoring patients' personalized care plans. (see at least Aquila [0017])

15.Claim 25 is rejected under 35 U.S.C. 103(a) as being unpatentable over Iliff in view of Barry in further view Ahmed.

Claim 25

Iliff as shown, discloses the following limitations:

- *meeting with a consumer;* (see at least Iliff Fig:1 Items:92-124 & related text)
- *gathering a demographic data from said consumer during a uniform registration process;* (see at least Iliff Fig:3 Items:200, 202, 210-216, 220 & related text)
- *identifying one or more needs and one or more services the consumer requires by asking a series of standardized services questions during the uniform registration process;* (see at least Iliff Fig:3 & related text)
- *wherein said series of standardized services questions have one or more skip patterns that activate to skip one or more later standardized services questions,*

depending on one or more answers to one or more earlier standardized services questions; (see at least Iliff Column:19 Lines:2-28)

- *wherein said demographic data and one or more answers to said series of standardized services questions of a returning consumer are saved and combined with a previously saved consumer information data set of said returning consumer in said health care database wherein said demographic data and said one or more answers to said series of standardized services questions of a new consumer new is saved as a new consumer information data set; (see at least Iliff Fig:3 Items:200-264 & related text)*
- *asking said consumer a series of uniform triage questions related to a health of the consumer during a triage process; (see at least Iliff Fig:4A Items:304-314 Fig:5 Items:402-412 & related text)*
- *wherein one or more answers to said series of uniform triage questions identifies one or more health related problems said consumer has, and wherein said one or more answers to said series of uniform triage questions identifies one or more functional problems said consumer has; (see at least Iliff Fig:4A Items:306-614 Fig:8 Items:510-532 & related text)*
- *wherein said series of uniform triage questions have one or more skip patterns that activate to skip one or more later uniform triage questions, depending on one or more answers to one or more earlier triage questions; (see at least Iliff Column:19 Lines:2-28)*

- *asking said consumer a series of uniform assessment questions that are related to said one or more health related problems and said one or more functional problems of said consumer, during an assessment process; (see at least Iliff Fig:4A Items:306-614 Fig:8 Items:510-532 & related text)*
- *generating at least one or more intervention recommendations during said assessment process; (see at least Iliff Fig:5 Items:220, 402-412 & related text)*
- *wherein said assessment process also includes the steps of, identifying the effects of any field restrictions, identifying any concomitant medical conditions, asking said consumer to demonstrate one or more physical abilities related to said health related problems and said one or more functional problems, and identifying any medications said consumer is taking; (see at least Iliff Fig:8 Items:510-544 Fig:11 Item:628 Fig:15A Items:830 & related text)*
- *converted to a one hundred point scale; (see at least Iliff Fig:9 Item:562 & related text)*
- *formulating one or more treatment plans for said consumer that implements said one or more treatment recommendations; (see at least Iliff Column:23 Lines:10-29)*

Iliff does not disclose the following limitations, however Barry, as shown does:

- *evaluating one or more answers to said series of uniform assessment questions to determine one or more intervention recommendations for each of the one or more health related problems and for each of the one or more functional*

problems of said consumer during said assessment process; (see at least Barry Fig:1 Items:10-18 & related text)

- *conducting professional assessment(s) to identify recommended treatment for the consumer; (see at least Barry Column:8 Lines:1-10, Fig:1 Items:10 & related text)*
- *determining one or more initial assessment score for each of said one or more health related problems and said one or more functional problems identified during said assessment process; and (see at least Barry Column:11 Lines:65-67 Column:12 Lines:1-6 Table:5 & related text)*
- *recording an incremental record of activity that identifies a progress said consumer makes in treating said one or more health related problems and said one or more functional problems; (see at least Barry Column:3 Lines:41-45)*

It would have been obvious to one of ordinary skill in the art to add the feature of Barry into Iliff. One of ordinary skill in the art would have added these features into Iliff with the motivation of providing a more efficient and effective method for creating a personal care regimen that accurately addresses a patient's needs, by incorporating the patient's input. (see at least Barry Column:3 Lines:1-20)

Iliff/Barry does not disclose the following limitations, however Ahmed, as shown does:

- *accessing a health care database by a staff member of a service provider; (see at least Ahmed Fig:10,11 & related text)*

- *wherein said one or more assessment scores, including said one or more initial assessment scores and one or more post assessment scores, are the average of the sum of: a consumer self assessment score; a provider rating score; a standardized test score; a learning strategy score; and a subjective assessor factors, that influence treatment, score; (see at least Ahmed [0072])*

It would have been obvious to one of ordinary skill in the art to add the features of Ahmed into Iliff/Barry. One of ordinary skill in the art would have added this feature into Iliff/Barry with the motivation of providing a more accurate method for monitoring patients' condition, so as design a more effective treatment plan for said patients. (see at least Ahmed [0066] & [0067])

16. Claims 26-27 are rejected under 35 U.S.C. 103(a) as being unpatentable over Iliff in view of Barry in view Ahmed in further view of Aquila.

Claim 26

The combination of Iliff/Barry/Ahmed disclose all of the limitations of claim 26. Aquila further discloses the following limitations:

- *asking said consumer a series of uniform quality assurance questions that relate to a satisfaction of said consumer with an outcome of said one or more treatment plans; (see at least Aquila Fig:4 Item:453 & related text)*
- *determining if said consumer was satisfied with said outcome of said one or more treatment plans; (see at least Aquila Fig:4 Item:453 & related text)*

- *wherein said one or more answers to said series of uniform quality assurance questions are utilized to assess a quality and an effectiveness of said one or more treatment plans; (see at least Aquila Fig:4 Item:453 & related text)*

It would have been obvious to one of ordinary skill in the art to add these features into Iliff/Barry. One of ordinary skill in the art would have added these features into Iliff/Barry with the motivation of providing a more efficient and effective method for creating and monitoring patients' personalized care plans. (see at least Aquila [0017])

Claim 27

The combination of Iliff/Barry/Ahmed/Aquila disclose all of the limitations of claim 26. Iliff further discloses the following limitations:

- *answers to said series of uniform triage questions, and said answers to said series of uniform assessment questions is collected by a staff member of a service provider and entered into said health care database; (see at least Iliff Fig:1 Items:32,114 Fig:3 Items:220-264 Fig:5 Items:402-410 & related text)*
- *wherein said demographic data, said answers to said series of uniform triage questions, and said answers to said series of uniform assessment questions are directly entered into said health care*
- *database by said consumer; and wherein said consumer that enters said demographic data, said answers to said series of uniform triage questions, and said answers to said series of uniform assessment questions is blind or partially*

sighted; (see at least Iliff Fig:3 Items:200,202,210-216,220,240,244 & related text)

17. Claims 28-38 are rejected under 35 U.S.C. 103(a) as being unpatentable over Iliff in view of Barry in view of Ahmed in view of Aquila in view of Marchosky in view of Martin et al. (US 2002/0004725 A1) (hereinafter Martin) in further view of Kehr et al. (US 2003/0036683 A1) (hereinafter Kehr).

Claim 28

The combination of Iliff/Barry/Ahmed/Aquila disclose all of the limitations of claim

27. Ahmed further discloses the following limitations:

- *wherein said learning strategy score is a sum of a provider determined value in one or more learning strategy areas of visual, visual/tactual/auditory, tactual/auditory, visual/tactual, and tactual; (see at least Ahmed [0072])*
- *wherein said subjective assessor factors, that influence treatment, score is determined by evaluating how one or more subjective assessor factors would influence treatment of said one or more health related problems and said one or more functional problems of the consumer; (see at least Ahmed [0072])*

It would have been obvious to one of ordinary skill in the art to add the features of Ahmed into Iliff/Barry/Ahmed/Aquila. One of ordinary skill in the art would have added this feature into Iliff/Barry/Ahmed/Aquila with the motivation of providing a

more accurate method for monitoring patients' condition, so as design a more effective treatment plan for said patients. (see at least Ahmed [0066] & [0067])

Iliff/Barry/Ahmed/Aquila does not disclose the following limitations, however Marchosky, as shown does:

- *consumer self assessment score is a sum of a consumer's self ratings to each of said series of uniform triage questions and said series of uniform assessment questions;* (see at least Marchosky Fig:4 B-D Items:420-456 & related text)

It would have been obvious to one of ordinary skill in the art to add the feature of Marchosky into Iliff/Barry/Ahmed/Aquila. One of ordinary skill in the art would have added this feature into Iliff/Barry/Ahmed/Aquila with the motivation of providing a more efficient and accurate method for diagnosing a patients condition and thus creating a more effective personal care plan for the patient. (see at least Marchosky [0025])

Iliff/Barry/Ahmed/Aquila/Marchosky does not disclose the following limitations Martin, however, as shown does:

- *wherein said provider rating score is a sum of a provider's rating to a series of provider standardized questions;* (see at least Martin [0068], [0069] Table 6 A-B & related text)

It would have been obvious to one of ordinary skill in the art to add these features of Martin into Marchosky. One of ordinary skill in the art would have added this feature into Marchosky with the motivation of enabling assessment of patients'

current and future health and the effectiveness of patients' healthcare regimens.
(see at least Martin [0028])

Iliff/Barry/Ahmed/Aquila/Marchosky/Martin does not disclose the following limitations
Kehr, however, as shown does:

- *wherein said standardized test score is one or more results of one or more standardized tests;* (see at least Kehr [0120])

It would have been obvious to one of ordinary skill in the art to add these features of Kehr into Iliff/Barry/Ahmed/Aquila/Marchosky/Martin. One of ordinary skill in the art would have added this feature into Iliff/Barry/Ahmed/Aquila/Marchosky/Martin with the motivation of providing a more efficient and accurate method for time and event driven medical treatment plans and for assessing triage and medical intervention recommendations. (see at least Kehr [0006])

Claim 29

The combination of Iliff/Barry/Ahmed/Aquila/Marchosky/Martin disclose all of the limitations of claim 28. Iliff further discloses the following limitation:

- *one or more health related problems are related to a vision impairment of said consumer;* (see at least Iliff Column:5 Lines:4-10)

While Iliff does not specifically disclose "*vision impairment*", one of ordinary skill in the art would understand that scope of Iliff includes the broader field of health care problems, and "*vision impairment*" is a subset of this broader field of health care problems.

Claim 30

The combination of Iliff/Barry/Ahmed/Aquila/Marchosky/Martin disclose all of the limitations of claim 29. Iliff further discloses the following limitation:

- *one or more functional problems are caused by said vision impairment of said consumer;* (see at least Iliff Column:5 Lines:4-10)

Claim 31

The combination of Iliff/Barry/Ahmed/Aquila/Marchosky/Martin disclose all of the limitations of claim 30. Iliff further discloses the following limitation:

- *determining whether said one or more answers to said series of uniform triage questions prompt one or more initial assessment recommendations from said health care database;* (see at least Iliff Fig:3 Items:200-264 & related text)

Claim 32

The combination of Iliff/Barry/Ahmed/Aquila/Marchosky/Martin disclose all of the limitations of claim 31. Iliff further discloses the following limitation:

- *asking said consumer to accept or reject said one or more initial assessment recommendations;* (see at least Iliff Fig:16B Items:840,896,898 & related text)

Claim 33

The combination of Iliff/Barry/Ahmed/Aquila/Marchosky/Martin disclose all of the limitations of claim 32. Barry further discloses the following limitation:

- *said one or more professional assessments take into consideration said one or more intervention recommendations;* (see at least Barry Column:8 Lines:1-10 Fig:1 Item:10 & related text)

It would have been obvious to one of ordinary skill in the art to add the feature of Barry into Iliff/Barry/Ahmed/Aquila/Marchosky/Martin. One of ordinary skill in the art would have added these features into Iliff/Barry/Ahmed/Aquila/Marchosky/Martin with the motivation of providing a more efficient and effective method for creating a personal care regimen that accurately addresses a patient's needs, by incorporating the patient's input. (see at least Barry Column:3 Lines:1-20)

Claim 34

The combination of Iliff/Barry/Ahmed/Aquila/Marchosky/Martin disclose all of the limitations of claim 33. Barry further discloses the following limitation:

- *one or more assessment scores for each identified said one or more health related problems and said one or more functional problems are utilized to determine said one or more treatment plans;* (see at least Barry Column:11 Lines:65-67 Column:12 Lines:1-6 Table:4 Fig:10-13 & related text)

It would have been obvious to one of ordinary skill in the art to add the feature of Barry into Iliff/Barry/Ahmed/Aquila/Marchosky/Martin. One of ordinary skill in the art would have added these features into Iliff/Barry/Ahmed/Aquila/Marchosky/Martin with the motivation of providing a more efficient and effective method for creating a

personal care regimen that accurately addresses a patient's needs, by incorporating the patient's input. (see at least Barry Column:3 Lines:1-20)

Claim 35

The combination of Iliff/Barry/Ahmed/Aquila/Marchosky/Martin disclose all of the limitations of claim 34. Iliff further discloses the following limitation:

- *one or more treatment plans address said one or more health related problems and said one or more functional problems and include one or more sets of goals to be achieved in a set time frame;* (see at least Iliff Column:23 Lines:10-29)

Claim 36

The combination of Iliff/Barry/Ahmed/Aquila/Marchosky/Martin disclose all of the limitations of claim 35. Iliff further discloses the following limitation:

- *one or more sets of goals are selected from the group consisting of sighted guide, indoor travel, ability to use emergency exit, orientation skills, stair usage, and local travel;* (see at least Iliff Claims:16 & 50)

Claim 37

The combination of Iliff/Barry/Ahmed disclose all of the limitations of claim 36. Barry further discloses the following limitation:

- *said one or more initial assessment scores determine a level of care associated with each of said one or more treatment plans;* (see at least Barry Fig:5, 6 & related text)

It would have been obvious to one of ordinary skill in the art to add the feature of Barry into Iliff/Barry/Ahmed/Aquila/Marchosky/Martin. One of ordinary skill in the art would have added these features into Iliff/Barry/Ahmed/Aquila/Marchosky/Martin with the motivation of providing a more efficient and effective method for creating a personal care regimen that accurately addresses a patient's needs, by incorporating the patient's input. (see at least Barry Column:3 Lines:1-20)

Claim 38

The combination of Iliff/Barry/Ahmed/Aquila/Marchosky/Martin disclose all of the limitations of claim 37. Iliff further discloses the following limitation:

- *determining one or more post assessment scores; and evaluating said progress of said consumer by comparing said one or more post assessment scores with said one or more initial assessment scores;* (see at least Iliff Column:12 Lines:49-67 & Claim:6)

18. Claims 39-44 are rejected under 35 U.S.C. 103(a) as being unpatentable over Iliff in view of Barry in view Ahmed in view of Aquila in view of Marchosky in view of Martin in view of Kehr in further view of McIlroy et al. (US 5583758) (hereinafter McIlroy).

Claim 39

The combination of Iliff/Barry/Ahmed/Aquila/Marchosky/Martin disclose all of the limitations of claim 38. McIlroy further discloses the following limitation:

- *incremental record of activity comprises a progress report section, a goal information section, and an objective information section; (see at least McIlroy Fig:19-23 & related text)*

It would have been obvious to one of ordinary skill in the art to add this feature into Iliff/Barry/Ahmed/Aquila/Marchosky/Martin. One of ordinary skill in the art would have added this feature into Iliff/Barry/Ahmed/Aquila/Marchosky/Martin with the motivation of providing a more efficient and effective method for diagnosing, evaluating, and utilizing patient information for developing real-time plans that effectively address patients' current conditions. (see at least McIlroy Column:2 Lines:43-58)

Claim 40

The combination of Iliff/Barry/Ahmed/Aquila/Marchosky/Martin/McIlroy disclose all of the limitations of claim 39. Barry further discloses the following limitation:

- *data is collected from multiple consumers to produce a cost/benefit analysis to determine if one or more treatments of consumer's problems reduce health care costs; (see at least Barry Fig:2 Column:6 Table:2 & related text)*

It would have been obvious to one of ordinary skill in the art to add the feature of Barry into Iliff/Barry/Ahmed/Aquila/Marchosky/Martin/McIlroy. One of ordinary skill in the art would have added these features into Iliff/Barry/Ahmed/Aquila/Marchosky/Martin/McIlroy with the motivation of providing a more efficient and effective method for creating a personal care regimen that

accurately addresses a patient's needs, by incorporating the patient's input. (see at least Barry Column:3 Lines:1-20)

Claim 41

The combination of Iliff/Barry/Ahmed/Aquila/Marchosky/Martin/McIlroy disclose all of the limitations of claim 40. Iliff further discloses the following limitation:

- *one or more intervention recommendations are selected from the group consisting of psychotherapy, adjustment to vision losses, computer training, employment services, help with living independently, social service, help with improving orientation and mobility, and help with low or poor vision; (see at least Iliff Fig:1 Items:92-124 & related text)*

Claim 42

The combination of Iliff/Barry/Ahmed/Aquila/Marchosky/Martin/McIlroy disclose all of the limitations of claim 41. Iliff further discloses the following limitation:

- *determining if said consumer has previously received one or more past treatments from said service provider, and wherein the purpose of gathering said demographic data is to identify said consume; (see at least Iliff Fig:3 Items:200-216 & related text)*

Claim 43

The combination of Iliff/Barry/Ahmed/Aquila/Marchosky/Martin/McIlroy disclose all of the limitations of claim 42. Iliff further discloses the following limitations:

- *scheduling an appointment to review said one or more health related problems of said consumer and said one or more functional problems of the consumer; scheduling a triage appointment for the consumer during said uniform registration process; (see at least Iliff Fig:18 Items:956,972 & related text)*
- *scheduling an appointment to begin said one or more treatment plans; (see at least Iliff Fig:18 Items:956,972 & related text)*

Claim 44

The combination of Iliff/Barry/Ahmed/Aquila/Marchosky/Martin/McIlroy disclose all of the limitations of claim 43. Marchosky further discloses the following limitations:

- *saving said one or more answers to said series of uniform triage questions in said health care database; saving said one or more answers to said series of uniform assessment questions in said health care database; (see at least Marchosky Fig:2C Item:236 Fig:4 Items:460-472 & related text)*
- *saving said one or more initial assessment scores in said health care; (see at least Marchosky Fig:2C Item:236 Fig:4 Items:460-472 & related text)*

It would have been obvious to one of ordinary skill in the art to add the features of Marchosky into Iliff/Barry/Ahmed/Aquila/Marchosky/Martin/McIlroy. One of ordinary skill in the art would have added these features into Iliff/Barry/Ahmed/Aquila/Marchosky/Martin/McIlroy with the motivation of providing a more efficient and accurate method for diagnosing a patients condition and thus

creating a more effective personal care plan for the patient. (see at least Marchosky [0025])

Response to Arguments

19. Applicant's arguments filed 20 October 2008 have been fully considered but they are not persuasive. In light of Applicants substantial amendments, Applicant's arguments with respect to the claims have been considered but are moot in view of the new ground(s) of rejection.

Conclusion

The prior art made of record and not relied upon is considered pertinent to applicant's disclosure.

Applicant's amendment necessitated any new ground(s) of rejection presented in this Office action. Accordingly, **THIS ACTION IS MADE FINAL**. See MPEP § 706.07(a). Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire **THREE MONTHS** from the mailing date of this action. In the event a first reply is filed within **TWO MONTHS** of the mailing date of this final action and the advisory action is not mailed until after the end of the **THREE-MONTH** shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than **SIX MONTHS** from the date of this final action.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to RAJIV J. RAJ whose telephone number is (571) 270-3930. The examiner can normally be reached on Monday thru Friday 8-5pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Jerry O'Connor can be reached on (571) 272-6787. The fax phone number for the organization where this application or proceeding is assigned is (571) 273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or (571) 272-1000.

/RJR/, Art Unit 3686
12/30/08

/Gerald J. O'Connor/
Supervisory Patent Examiner
Group Art Unit 3686